Effective December 29, 1999  Og 609 250												SD	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (2)			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER 6	NUMBER EXTRA		Έ	FEE	• •	RATE	FEE	
BASIC FEE			20.00	المراجعة المراجعة المراجعة					345.00	OR	••	690.00	
TOTAL CLAIMS			19	minus 2				)=		OR	X\$18=		
INDEPENDENT CLAIMS			@				X39	=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								) <del>=</del>		OR	+260=	260	
* If the difference in column 1 is less than zero, enter *0* in column 2							TOT	AL		OR	TOTAL	950	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL		
AMENDMENT A	·	CL REM Al	AIMS IAINING FTER NOMENT	G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		2	Minus	-20	-12	Х\$	<del>)</del> =		OR	X\$18=	216	
ME	Independent	• 5	7	Minus	<b></b> 3	• /	X39	)=		OR	X78≂	8600	
۷	FIRST PRESE	NTATIO	ON OF ML	ILTIPLE DEI	PENDENT CLAIM		+13	—— Դ≕		OR	+260=		
TOTAL										00	TOTAL		
ADDIT. FEEOH ADDIT. FEE													
AMENDMENT B	12/3/64	CI REM A	umn 1) AIMS MAINING FTER NOMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	• AME		Miqus	"1010	*	X\$	) <u> </u>	-	OR	X\$18=	-	
	Independent '			Minus	A VV	=	X39	)= )=	_	OR	X78=		
4	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DE	PENDENT CLAIM		+13	0=		OR	+260=		
BEST AVAILABLE COPY								FEE	-	OR	TOTAL ADDIT, FEE		
		(Co	lumn 1)	1	(Column 2)	(Column 3)			T-:=::-	1		400)	
AMENDMENT C		REA	Laims Maining After Indment		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA <sup>*</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus		=	X\$	9= ·		OR	X\$18=		
	Independent	٠		Minus	•••	2	Х3	<del>)</del> =		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							n-			+260=		
to the cotton in column it is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
	"If the entry in column 1's less than the entry in Column 1's less than 20.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 12/99) Application or Docket Number